

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Robert P. Lecko</u> Print: <u>Robert P. Lecko</u> Sign: <u>Robert P. Lecko</u>	Street: <u>1545 Maple Hill Rd.</u> City: <u>Houghton</u> Zip: <u>54082</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somerset</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone ()
2. <u>Dennis Skifstad</u> Print: <u>Dennis Skifstad</u> Sign: <u>Dennis Skifstad</u>	Street: <u>702 County line Ave</u> City: <u>Star Prairie</u> Zip: <u>54026</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Star Prairie</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone ()
3. <u>Dick Johnson</u> Print: <u>Dick Johnson</u> Sign: <u>Dick Johnson</u>	Street: <u>1041 148th St.</u> City: <u>Amery</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone ()
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Thomas Fox, (certify): I reside at 104008 Cty Rd DD
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Elkworth
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 10 / 2011
(Month) (Day) (Year)

Thomas Fox
(Signature of Circulator)

Page No. (Optional Use Only)
000151

Circulators.

Please include your contact

Phone

(612) 2

Email

TFoxe

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Dembowski, hearnine</u> Sign: <u>Dembowski, hearnine</u>	Street: <u>5600 Mockingbird Ln</u> City: <u>Greendale Ws</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greendale, W.</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 235</u>
2. Print: <u>DEMBOWSKI RICHARD</u> Sign: <u>Dembowski Richard</u>	Street: <u>54 Mockingbird Lane</u> City: <u>GREENDALE</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>GREENDALE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 235</u>
3. Print: <u>Barbara Schauer</u> Sign: <u>Barbara Schauer</u>	Street: <u>586 W 7550 Lakeview Ln</u> City: <u>Mukwonago</u> Zip: <u>53149</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Vernon</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 363</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: _____

1. Diane M Dembowski, (certify): I reside at 586 W 77660 Hartwig Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Vernon
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 11 12012
(Month) (Day) (Year)

Diane M. Dembowski
(Signature of Circulator)

Page No. (Official Use Only)
#000152

Circulators.
Please include your contact info in case

Phone: ()
Email: ()

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: Kelly A. Wentzel Sign: <i>[Signature]</i>	Street: 6533 Ulrich Terrace City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email Phone ()
2. Print: Ryan Clark Sign: <i>[Signature]</i>	Street: 316 Harvest Lane City: Altoona Zip: 54720	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Altoona (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email Phone ()
3. Print: Brian Wentzel Sign: <i>[Signature]</i>	Street: 6533 Ulrich Terrace City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()

I, Paul C Anderson (Printed Name of Circulator) certify: I reside at 224 Howard St (Circulator's Residence - Street Name and Number) Village of Marshall (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000153

Circulators,
Please include your contact info!

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Michelle Kruse</u> Sign: <u>[Signature]</u>	Street: <u>5522 Tolman Terrace</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: <u>mmw@...</u> Phone: <u>(608) 4...</u>
2. Print: <u>Judith Ashkey</u> Sign: <u>[Signature]</u>	Street: <u>4906 68th St</u> City: <u>Kewaskaw</u> Zip: <u>53121</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kewaskaw</u> (Municipality Name)	<u>12/27/2011</u> (Month) (Day) (Year)	Email: <u>Judith...</u> Phone: <u>() ()</u>
3. Print: <u>Katherine Ashkey</u> Sign: <u>[Signature]</u>	Street: <u>1618 Fordem Ave #310</u> City: <u>Madison</u> Zip: <u>WI 53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>01/13/2012</u> (Month) (Day) (Year)	Email: <u>ashkey-k...</u> Phone: <u>(608) 7...</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() ()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() ()</u>

Certification of Circulator

I, Katherine Ashkey, (certify): I reside at 1618 Fordem Ave. #310
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012 Katherine B. Ashkey, M.S.E.
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#000154

Circulators.

Please include your contact

Phone

(608) 7...

Email

ashkey...

he

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Ken Meyer</u> Sign: <u>Ken Meyer</u>	Street: <u>200 Maple St</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>11/15/20</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Helen Armstrong</u> Sign: <u>Helen Armstrong</u>	Street: <u>863 S. 7th Ave.</u> City: <u>Park Falls, WI</u> Zip: <u>54552</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Mark Armstrong</u> Sign: <u>Mark Armstrong</u>	Street: <u>863 S 7th Ave</u> City: <u>Park Falls, WI</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

1. Helen Armstrong (certify): I reside at 863 S. 7th Ave.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Park Falls
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. Stats.

01 / 06 / 2012 Helen Armstrong
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#000155

Circulators,
Please include your contact info

Phone
(715) 76
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 1

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>ARNOLD E. PUTNAM</u> Sign: <u>Arnold E. Putnam</u>	Street: <u>260 GIBSON LN.</u> City: <u>PARK FALLS</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PARK FALLS</u> (Municipality Name)	<u>12/25/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>DIANE M. HUGHES</u> Sign: <u>DIANE M. HUGHES</u>	Street: <u>1098 SO 5TH AVE</u> City: <u>PARK FALLS</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PARK FALLS</u> (Municipality Name)	<u>12/25/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>MICHAEL J. HUGHES</u> Sign: <u>Michael J. Hughes</u>	Street: <u>1098 SO 5TH AVE</u> City: <u>PARK FALLS W</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PARK FALLS</u> (Municipality Name)	<u>1/3/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, DIANE M. HUGHES, (certify): I reside at 1098 SO 5TH AVE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

PARK FALLS
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 4 / 120 / 12
(Month) (Day) (Year)
DIANE M. HUGHES
(Signature of Circulator)

Page No. (Official Use Only)
000156

Circulators,
Please include your contact info in

Phone
(715) 762

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Linda Bruss</u> Sign: <u>Linda Bruss</u>	Street: <u>W5750 Pine Pt. Rd.</u> City: <u>Pickering, WI</u> Zip: <u>54465</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>(Municipality Name)</u>	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Cindy Tatro</u> Sign: <u>Cindy Tatro</u>	Street: <u>801 Everest Dr.</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Susan Moseman</u> Sign: <u>Susan Moseman</u>	Street: <u>W10595 Elmwood Lane</u> City: <u>ANAWA</u> Zip: <u>54408</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rolling</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone (715) 623
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>(Municipality Name)</u>	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>(Municipality Name)</u>	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Stacy Glowacki (Printed Name of Circulator) (certify): I reside at 4014 Brunswick Lane (Circulator's Residence - Street Name and Number) Janesville (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 29 / 2011
(Month) (Day) (Year)
Stacy Glowacki
(Signature of Circulator)

Page No. (Official Use Only)
000157

Circulators.
Please include your contact info in c

Phone
(608) 757
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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1. Print: <u>Sheila Jones</u> Sign: <u>Sheila Jones</u>	Street: <u>4260 W. Highland Blvd Apt 4</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 83</u>
2. Print: <u>Lonnie D Goodman</u> Sign: <u>Lonnie D Goodman</u>	Street: <u>6722 W. Shelby St</u> ⁵³²²³ City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone <u>414 3</u>
3. Print: <u>MARK R. EDWARDS</u> Sign: <u>Mark R Edwards</u>	Street: <u>N52 W16742 Oak Ridge Trl.</u> City: <u>MENOMONEE Falls</u> Zip: <u>53052</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MENOMONEE Falls</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email Phone <u>(214) 75</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Catricia Goodman, (certify): I reside at 202 E. Townsend St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012 Catricia Goodman
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000153

Circulators,
Please include your contact information

Phone
(414) 37
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>GEORGE E. LEWIS</u> Sign: <u>George E. Lewis</u>	Street: <u>1826 N. 19TH ST.</u> City: <u>MILWAUKEE</u> Zip: <u>53205</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/20/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Devin Drinks</u> Sign: <u>[Signature]</u>	Street: <u>434 N 32nd st</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/21/2011</u> (Month) (Day) (Year)	Email Phone: <u>dictating record</u> ()
3. Print: <u>STEVEN BEJMA</u> Sign: <u>Steven Bejma</u>	Street: <u>824 E. Holt Ave</u> City: <u>Mil. Wis</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mil.</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, MICHAEL KOSTIUK, (certify): I reside at 320 N 42 ST
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MILWAUKEE
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN. 11 12012 Michael Kostinuk
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000139 (Official Use Only)

Circulators,

Please include your contact info

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>James Binder</u> Sign: <u>James Binder</u>	Street: <u>8126 W Brentwood Ave</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Cynthia Birts</u> Sign: <u>Cynthia Birts</u>	Street: <u>7446 N. 42nd St</u> City: <u>Milwaukee</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Margot Marasa</u> Sign: <u>Margot Marasa</u>	Street: <u>3897 W 3rd St</u> City: <u>Milwaukee</u> Zip: <u>53212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Patricia Wilson (certify): I reside at 7740 N Highway Dr.
(Printed Name of Circulator) (Circulator's Residence, Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)
Patricia Wilson
(Signature of Circulator)

Page No. (Official Use Only)

000160

Circulators.
Please include your contact information

Phone
(414) 852
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Terrell Mathis</u> Sign: <u>Terrell Mathis</u>	Street: <u>8292 N 61st St</u> City: <u>Brown Deer</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brown Deer</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email <u>tanhead</u> Phone <u>(414) 2</u>
2. Print: <u>Don Wilson</u> Sign: <u>Don Wilson</u>	Street: <u>1414 W 51st St</u> City: <u>Milwaukee</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 3</u>
3. Print: <u>Sherece Wilson</u> Sign: <u>Sherece Wilson</u>	Street: <u>5147 N. Lovers Lane RD #117</u> City: <u>Milwaukee</u> Zip: <u>53225</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 6</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Patricia Wilson (certify): I reside at 7740 N Highview Dr.
(Printed Name of Circulator) (Circulator's Residence, Street Name and Number)

Milwaukee
(Circulator Municipality)

Circulators,
Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 06 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000161

Phone

(414) 89

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jasmine Berger</u> Sign: <u>Jasmine Berger</u>	Street: <u>203 Carolina St</u> City: <u>Sauk City</u> Zip: <u>53583</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sauk City</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Linda Elgersma</u> Sign: <u>Linda J. Elgersma</u>	Street: <u>310 N. Lincoln Ave</u> City: <u>Beaver Dam</u> Zip: <u>53916</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Beaver Dam</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Grant Marty</u> Sign: <u>GA</u>	Street: <u>57559 Vst Hwy 12 apt 29</u> City: <u>North Freedom</u> Zip: <u>53951</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>North Freedom</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

I, Ann Neumaier (certify): I reside at 247 Franklin Street Sauk City
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

Ann Neumaier
(Signature of Circulator)

Page No. (Official Use Only)
000162

Circulators,
Please include your contact info

Phone
(608) 64
Email
neumaier1

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Carol Adameczyk</u> Sign: <u>Carol Adameczyk</u>	Street: <u>1384 15th St.</u> City: <u>Turtle Lake</u> Zip: <u>54889</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Beaver</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>TIMOTHY ADAMECZYK</u> Sign: <u>Timothy Adameczyk</u>	Street: <u>1384 15TH ST</u> City: <u>TURTLE LAKE</u> Zip: <u>54889</u> <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BEAVER</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Pauline Merth</u> Sign: <u>Pauline Merth</u>	Street: <u>100 W Hwy 63 N</u> City: <u>Turtle Lake</u> Zip: <u>WI 54889</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Turtle Lake</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Steven Eichman, (certify): I reside at 88 South Horseshoe Lake Beaver
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 22 / 2011
(Month) (Day) (Year)

Steven Eichman
(Signature of Circulator)

Page No. (Official Use Only)
000163

Circulators,
Please include your contact information

Phone
(715) 9
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Stephen Brallen</u> Sign: <u>Stephen Brallen</u>	Street: <u>W5448 Briarwood Road</u> City: <u>Elkhorn</u> Zip: <u>53121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Creek</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email <u>BrallenS</u> Phone <u>(262) 90</u>
2. Print: <u>Megan Smiley</u> Sign: <u>Megan Smiley</u>	Street: <u>1221 Hanover trail</u> City: <u>Wauwatosa</u> Zip: <u>53547</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email <u>megs</u> Phone <u>(608) 71</u>
3. Print: <u>Ellyn Sand</u> Sign: <u>Ellyn Sand</u>	Street: <u>555 Ligouri Rd</u> City: <u>Edgerton</u> Zip: <u>55534</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fulton</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email <u>SandE</u> Phone <u>(608) 8</u>
4. Print: <u>Daniel J. Brallen</u> Sign: <u>Daniel J. Brallen</u>	Street: <u>W5448 Briarwood Road</u> City: <u>Elkhorn</u> Zip: <u>53121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Creek</u> (Municipality Name)	<u>12/27/2011</u> (Month) (Day) (Year)	Email <u>libbada</u> Phone <u>(262) 7</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>

Certification of Circulator

I, Stephen Brallen (certify): I reside at W5448 Briarwood Road
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Sugar Creek
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 08 / 2012
(Month) (Day) (Year)
Stephen Brallen
(Signature of Circulator)

Page No. (Official Use Only)
#000164

Circulators.
Please include your contact info

Phone
(262) 90
Email
brallen

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>D. Miller Carbeck</u> Sign: <u>Diane Carbeck</u>	Street: <u>2919 W. WISCONSIN AVE #403</u> City: <u>MILWAUKEE, WI</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 381-1111</u>
2. Print: <u>Reco Garcia</u> Sign: <u>Reco Garcia</u>	Street: <u>2140 North 46th St.</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email Phone <u>reco.garcia</u> <u>()</u>
3. Print: <u>Adriana Thomas</u> Sign: <u>Adriana Thomas</u>	Street: <u>2435 W. Wisconsin Ave. Apt #506</u> City: <u>Milwaukee</u> Zip: <u>53233</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: <u>Theresa Thomas</u> Sign: <u>Theresa Thomas</u>	Street: <u>2435 W. Wisconsin Ave #506</u> City: <u>Milwaukee</u> Zip: <u>53233</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone <u>Therethomas</u> <u>(414) 211-1111</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

I, Diane Thomas (certify): I reside at 2435 W. WIS. AVE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 1, 08 12012 M.D. Thomas
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000165

Circulators,
Please include your contact info

Phone
(414) 761-1111
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Gayle Hunger</u> Sign: <u>Gayle</u>	Street: <u>7997 S Finn Point Rd</u> City: <u>Superior</u> WI Zip: <u>54550</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Summit</u> (Municipality Name)	<u>11/7/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Dana Johnson</u> Sign: <u>Dana Johnson</u>	Street: <u>7953 1/2 Dowling LL Rd S</u> City: <u>Superior</u> Zip: <u>54880</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Summit</u> (Municipality Name)	<u>11/7/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Merissa Stone</u> Sign: <u>Merissa Stone</u>	Street: <u>6822 S. Point of Rocks Rd</u> City: <u>Foxboro</u> Zip: <u>54836</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Foxboro</u> (Municipality Name)	<u>11/7/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Dana W. Dwyer</u> Sign: <u>Dana W. Dwyer</u>	Street: <u>1720 OGDEN AVE</u> City: <u>SUPERIOR</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SUPERIOR</u> (Municipality Name)	<u>11/7/2012</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ / 20</u> (Month) (Day) (Year)	Email Phone ()

I, Rosemary Doyle (certify): I reside at 7186 E Cranberry Narrows Rd WASCO
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated above his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Rosemary Doyle
(Signature of Circulator)

Page No. (Official Use Only)

007166

Circulators.

Please include your contact information.

Phone

(715) _____

Email

Doyle

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>James Hatchett</u> Sign: <u>James Hatchett</u>	Street: <u>29 Valley rd.</u> <u>Beloit, WI. 53511</u> City: <u>Beloit</u> Zip: <u>53511</u>	<input checked="" type="checkbox"/> Town <u>Beloit</u> <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. <u>WILLIE BUCHANAN</u> Print: <u>Willie Buchanan</u> Sign: _____	Street: <u>Beloit</u> <u>53511</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Willie Buchanan</u> (Municipality Name)	<u>11/1/2012</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>C J BUCHANAN</u> Sign: <u>CJ Buchanan</u>	Street: <u>545 PUBLIC AVE</u> <u>Beloit WI 53511</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>11/1/2012</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Henry Pinson</u> Sign: <u>Henry Pinson</u>	Street: <u>135 Park Ave.</u> <u>Beloit WI 53511</u> City: <u>Beloit WI</u> Zip: <u>53511</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Henry Pinson</u> (Municipality Name)	<u>11/01/2012</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

I Chekretta Jackson (certify): I reside at 1056 Bluff St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Beloit
(Circulator Municipality)

Circulators,
Please include your con

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 6 2012
(Month) (Day) (Year)
Chekretta Jackson
(Signature of Circulator)

Page No. (Official Use Only)
000167

Phone
608
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Mike Haas Sign: Mike Haas	Street: N5629 Fairway Drive City: New London Zip: 54961	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lebanon (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Email Phone (920) 9
2. Print: Michael Paltzer Sign: Michael Paltzer	Street: 481 N. Crest St. City: Hortonville Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hortonville (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Email Phone (920) 5
3. Print: David Danker Sign: David Danker	Street: 80 18th St City: Clintonville Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clintonville (Municipality Name)	12/6/2011 (Month) (Day) (Year)	Email Phone (715) 8
4. Print: Jill Danke Sign: Jill Danke	Street: 80-18th St City: Clintonville Zip: 54929	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Clintonville (Municipality Name)	1/5/2012 (Month) (Day) (Year)	Email Phone (715) 8
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	1/20 (Month) (Day) (Year)	Email Phone ()

I, Jill Danke (Printed Name of Circulator), (certify): I reside at 80-18th St. (Circulator's Residence - Street Name and Number) Clintonville (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/5/2012
(Month) (Day) (Year)
Jill Danke
(Signature of Circulator)

Page No. (Official Use Only)

#000168

Circulators,
Please include your contact

Phone

(715) 8

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Patricia Deubig</u> Sign: <u>Patricia Deubig</u>	Street: <u>500 8th Avenue</u> City: <u>Baraboo</u> Zip: <u>53913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Baraboo</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email: <u>Pat Deubig</u> Phone: <u>(608) 356</u>
2. Print: <u>Cheryl Housley</u> Sign: <u>Cheryl Housley</u>	Street: <u>1700 Skyridge Ct</u> City: <u>Stoughton WI</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email: <u>cmhousley@</u> Phone: <u>(608) 669</u>
3. Print: <u>Diane Housley</u> Sign: <u>Diane Housley</u>	Street: <u>500 8th Avenue</u> City: <u>Baraboo</u> Zip: <u>53913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Baraboo</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email: <u>ddeubig</u> Phone: <u>(608) 356</u>
4. Print: <u>Mark Housley</u> Sign: <u>Mark H. Housley</u>	Street: <u>1700 Skyridge Ct</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email: <u>cmhousley@</u> Phone: <u>(608) 669</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() ()</u>

Certification of Circulator

1. Mark H. Housley (Printed Name of Circulator) (certify): I reside at 1700 Skyridge Ct (Circulator's Residence - Street Name and Number) Stoughton (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 15 / 2011
(Month) (Day) (Year)

Mark H. Housley
(Signature of Circulator)

Page No. (Official Use Only)

000167

Circulators.
Please include your contact info

Phone: (608) 669
Email: cmhousley@

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Michael Ford</u> Print: <u>Michael Ford</u> Sign: <u>Michael Ford</u>	Street: <u>2725 W. Highland Blvd Apt 313</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone (414) 5
2. <u>Jackie White</u> Print: <u>Jackie White</u> Sign: <u>Jackie White</u>	Street: <u>1252 - N - 43</u> City: <u>Milwaukee W.</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone (414) 4
3. <u>Eric Pinder</u> Print: <u>Eric Pinder</u> Sign: <u>Eric Pinder</u>	Street: <u>8838 W. Mill Rd Apt #6</u> City: <u>Milwaukee</u> Zip: <u>53225</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone (414) 4
4. <u>Linda Stodzenski</u> Print: <u>Linda Stodzenski</u> Sign: <u>Linda Stodzenski</u>	Street: <u>3739 E Plankinton Ave</u> City: <u>Cudahy</u> Zip: <u>53110</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone (414) 4
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Catricia Goodman, (certify): I reside at 202 E Townsend St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012 Catricia Goodman
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000170

Circulators,

Please include your contact information

Phone

(414) 3

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Tammy Hartwig</u> Sign: <u>Tammy Hartwig</u>	Street: <u>15263 W Cleveland</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wauscha</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (414) _____
2. Print: <u>Edward Zarzycki</u> Sign: <u>Edward Zarzycki</u>	Street: <u>2527 W. Rogers St.</u> City: <u>MILWAUKEE WI</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (414) _____
3. Print: <u>Margaret A. Stanke</u> Sign: <u>margaret A. Stanke</u>	Street: <u>2528 W. ROGERS ST</u> City: <u>Milwaukee</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (414) 38 _____
4. Print: <u>Cathleen Young-Metyshek</u> Sign: <u>Cathy Metyshek</u>	Street: <u>2168 S. Layton Blvd.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/10/2012</u> (Month) (Day) (Year)	Email Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone () _____

Certification of Circulator

I, Diane Nailock, (certify): I reside at 1034 S 89th Street
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Diane Nailock
(Signature of Circulator)

Page No. (Official Use Only)
000171
#

Circulators,
Please include your contact

Phone
(414) _____
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.16 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jessica Wehmhoefer</u> Sign: <u>Jessica Wehmhoefer</u>	Street: <u>725 Shell Creek Rd</u> City: <u>Minong</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>ROBERT FRIKART</u> Sign: <u>Robert Frikart</u>	Street: <u>303 SHELL CREEK ROAD</u> City: <u>MINONG</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email Phone (715)
3. Print: <u>MEGGAN FRIKART</u> Sign: <u>Meggan Frikart</u>	Street: <u>303 SHELL CREEK ROAD</u> City: <u>MINONG</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email Phone (715)
4. Print: <u>LYNDA WILCOX</u> Sign: <u>Lynda Wilcox</u>	Street: <u>305 1st ST.</u> City: <u>Minong</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Carmen Gervd, (certify): I reside at N12404 Lakeorde Rd Minong
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 27 / 2011
(Month) (Day) (Year)

Carmen Gervd
(Signature of Circulator)

Page No. (Official Use Only)

000172

Circulators.
Please include your con

Phone
(715)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Laura A. Magdzas</u> Sign: <u>[Signature]</u>	Street: <u>2119 Maryland Ave</u> City: <u>Superior</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Superior</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email <u>lmagdzas</u> Phone <u>(715) 392</u>
2. Print: <u>DANIELLE N MAGDZAS</u> Sign: <u>[Signature]</u>	Street: <u>2119 Maryland Ave</u> City: <u>Superior</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Superior</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(715) 392</u>
3. Print: <u>Darrell J. Magdzas</u> Sign: <u>[Signature]</u>	Street: <u>2119 Maryland Ave</u> City: <u>Superior</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Superior</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(715) 392</u>
4. Print: <u>Donis M. Magdzas</u> Sign: <u>[Signature]</u>	Street: <u>1801 Maryland Ave</u> City: <u>Superior</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Superior</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(715) 392</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

1. Laura A. Magdzas (certify): I reside at 2119 Maryland Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Superior
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 3 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

000173
Page No. (Official Use Only)

Circulators,
Please include your contact info

Phone
(715) 392
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Charmaine Pellitteri</u> Sign: <u>Charmaine Pellitteri</u>	Street: <u>1926 Hawks Ridge Dr #304</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>Sunlover</u> Phone <u>(608) 225</u>
2. Print: <u>Sarah Drake</u> Sign: <u>Sarah Drake</u>	Street: <u>8001 Ritz Dr #202</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: <u>Adam Beck</u> Sign: <u>Adam Beck</u>	Street: <u>8001 Ritz Dr #202</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: <u>Dale E. Hustad</u> Sign: <u>Dale E. Hustad</u>	Street: <u>N9525 Hustad Vly Rd</u> City: <u>Mt. Horeb WI</u> Zip: <u>53572</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>New Glarus</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Charmaine Pellitteri (certify: I reside at 1926 Hawks Ridge Dr #304 Verona, WI 53593)
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 20 / 2011 Charmaine Pellitteri
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000174

Circulators,
Please include your contact info in

Phone
(608) 225
Email
sunlover
yal

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Terrence Burford</u> Print: <u>Terrence Burford</u> Sign: <u>Terrence Burford</u>	Street: <u>7614 County Road FF</u> City: <u>Webster, WI</u> Zip: <u>54893</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Webster</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone (715) 8
2. <u>John URAIES</u> Print: <u>John Uraies</u> Sign: <u>John Uraies</u>	Street: <u>28160 Dunn Street</u> City: <u>Danbury, WI</u> Zip: <u>54830</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oakland</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email Phone (715) 8
3. <u>Jerry Olson</u> Print: <u>Jerry A Olson</u> Sign: <u>Jerry A Olson</u>	Street: <u>6721 Boskey Rd</u> City: <u>Danbury Wi</u> Zip: <u>54830</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oakland</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email Phone (715) 8
4. <u>Loren Mansfield</u> Print: <u>Loren Mansfield</u> Sign: <u>Loren Mansfield</u>	Street: <u>6625 Pike Bend Rd</u> City: <u>WEBSTER, WI</u> Zip: <u>54893</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MEENON</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email Phone ()
5. <u>ROBERT A SMITH</u> Print: <u>Robert A Smith</u> Sign: <u>Robert A Smith</u>	Street: <u>Webster Wis</u> City: <u>7667 County Rd FF</u> Zip: <u>54893</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Meenon</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Terrence Burford, (certify): I reside at 7614 County Rd. FF
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Webster
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Terrence Burford
(Signature of Circulator)

Page No. (Official Use Only)
000175
#

Circulators,
Please include your contact in

Phone
(715) 8
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 11, 2011

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Emmalee Bartlett</u> Sign: <u>Emmalee Bartlett</u>	Street: <u>10709 Tesch Ln. #67</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone () ()
2. Print: <u>Tony Bartlett</u> Sign: <u>Tony Bartlett</u>	Street: <u>801 Jacks St</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone () ()
3. Print: <u>Heidi Bartlett</u> Sign: <u>Heidi Bartlett</u>	Street: <u>801 Jack St</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone () ()
4. Print: <u>Melinda Ziesman</u> Sign: <u>Melinda Ziesman</u>	Street: <u>686 Ctg Rd DB</u> City: <u>Mosinee WI</u> Zip: <u>54455</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dewey</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone () ()
5. Print: <u>Heather Landrum</u> Sign: <u>Heather Landrum</u>	Street: <u>516 Winton St</u> City: <u>WAUSAU, WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Emmalee Bartlett (certify): I reside at 10709 Tesch Ln. #67 Rothschild
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011
(Month) (Day) (Year)

Emmalee Bartlett
(Signature of Circulator)

080176
(Official Use Only)
#

Circulators

Please include your contact

Phone
(715) 531-1111
Email
emmalee.

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jordan Ihessen</u> Sign: <u>[Signature]</u>	Street: <u>203 W. Railroad St.</u> City: <u>Bowler</u> Zip: <u>54416</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bowler</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email <u>jihessen@</u> Phone <u>(715) 7</u>
2. Print: <u>Ellietta Dahle</u> Sign: <u>Ellietta Dahle</u>	Street: <u>505A W Blodgett St</u> City: <u>Marshfield, WI</u> Zip: <u>54449</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Marshfield</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email <u>edahle@</u> Phone <u>(804) 3</u>
3. Print: <u>MARGARET SIELAFF</u> Sign: <u>Margaret Sielaff</u>	Street: <u>540 E Thomas St</u> City: <u>Wausau WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: <u>Kristina Dabler</u> Sign: <u>Kristina Dabler</u>	Street: <u>1327 Grand Ave</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 14</u>
5. Print: <u>Jordan Krueger</u> Sign: <u>Jordan Krueger</u>	Street: <u>10709 Tesch Ln. Apt #67</u> City: <u> Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Emmalee Bartlett, (certify): I reside at 10709 Tesch Ln. #67
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Rothschild
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 28 / 2011
(Month) (Day) (Year)
Emmalee Bartlett
(Signature of Circulator)

Page No. 000177
(Official Use Only)

Circulators,
Please include your contact

Phone
(715) 5
Email
emmalee.b

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Maria Lopez Sign: Maria E. Lopez	Street: 1325 Mendota St. City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 200
2. Print: Chenta Toussaint Sign: Chenta Toussaint	Street: 2301 Post Rd #206 City: Fitchburg WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 819
3. Print: Zeb L Yang Sign: Zeb L Yang	Street: 302 Bayview City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (608) 29
4. Print: Linda Yang Sign: Linda Yang	Street: 1006 Fiedler Ln #12 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (608) 193
5. Print: Chai Yang Sign: Chai Yang	Street: 5817 Balsam Rd #1 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (608) 12

Certification of Circulator

I, Nalee Yang, (Printed Name of Circulator) (certify): I reside at 302 Bayview (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 20 12
(Month) (Day) (Year)

Nalee Yang
(Signature of Circulator)

Page No. (Official Use Only)

000178

Circulators.
Please include your contact information

Phone
(608) 95
Email
ny.naleeyang

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Lianna Bishop</u> Sign: <u>Lianna Bishop</u>	Street: <u>1140 Burnet St.</u> City: <u>Brookfield WI</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Mark Bishop</u> Sign: <u>Mark A Bishop</u>	Street: <u>1140 Burnet St</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BROOKFIELD</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>JoAnn Bishop</u> Sign: <u>JoAnn Bishop</u>	Street: <u>1140 Burnet St</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: <u>Natalie Bishop</u> Sign: <u>Natalie Bishop</u>	Street: <u>1140 Burnet St</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: <u>Carmella Salomone</u> Sign: <u>CARMELLA SALOMONE</u>	Street: <u>1910 Woodward Dr 104</u> City: <u>Brookfield WI</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/24/20</u> (Month) (Day) (Year)	Email _____ Phone () _____

I, JoAnn Bishop, (certify): I reside at 1140 Burnet St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Brookfield 53005
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

JoAnn Bishop
(Signature of Circulator)

000179

(Official Use Only)

Circulators,
Please include your

Phone

(262)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Seng Khang</u> Sign: <u>[Signature]</u>	Street: <u>1820 Daly Ave.</u> City: <u>Wis. Rapids</u> Zip: <u>54494</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wood</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email: <u>Stkhu</u> Phone: <u>(715) 6</u>
2. Print: <u>Pang Khang</u> Sign: <u>Pang Khang</u>	Street: <u>1131 16 St So-</u> City: <u>Wisc. Rapids</u> Zip: <u>54494</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wood</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(715) 4</u>
3. Print: <u>Zong Moua Khang</u> Sign: <u>Zong M Khang</u>	Street: <u>331 Papper Ave</u> City: <u>Wis Rapids</u> Zip: <u>54494</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wood</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(715) 6</u>
4. Print: <u>Mai Xiong</u> Sign: <u>Phin Xi</u>	Street: <u>311 7th St</u> City: <u>Wisconsin Rapids</u> Zip: <u>54494</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WOOD</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(715) 4</u>
5. Print: <u>Mai Long Xiang</u> Sign: <u>Mai Long Xiang</u>	Street: <u>2251 Ranger Road</u> City: <u>Wisconsin Rapids</u> Zip: <u>54494</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WOOD</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(715) 1</u>

Certification of Circulator

I, Yong Heng Khang (certify): I reside at 5307 3rd Ave Reedolph WI 54495, Reedolph
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000180

Circulators.
Please include your conta

Phone

(715) 4

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9,10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Boua Pao Khang Sign: Boua Pao Khang	Street: 1340 Peach St City: WISC, Rapids Zip: 54494	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Rapids Wood (Municipality Name)	12/24/20 (Month) (Day) (Year)	Email Phone (715) 6
2. Jong Chue Khang Print: Jong Chue Khang Sign: Jong Chue Khang	Street: Wisconsin Rapids 54494 City: Wisconsin Rapids Zip: 54494	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisc. Rapids (Municipality Name)	12/22/2011 (Month) (Day) (Year)	Email Chueus 715 254 Phone ()
3. Print: Kou Khang Sign: Kou Khang	Street: 220 15th St N. City: WI Rapids Zip: 54494	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisc Rapids (Municipality Name)	12/12/2011 (Month) (Day) (Year)	Email Phone (715) 7
4. Print: Wa Khang Sign: Wa Khang	Street: 2251 Ranger Road City: Wisc Rapids Zip: 54494	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wood Rapids (Municipality Name)	12/22/2011 (Month) (Day) (Year)	Email Khang W08 Phone (715) 6
5. Print: Julie Vang Sign: Julie Vang	Street: 430 Grove Avenue City: Wisconsin Rapids Zip: 54494	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisc. Rapids (Municipality Name)	12/30/2011 (Month) (Day) (Year)	Email julie.van Phone (715) 3

Certification of Circulator

Yon Khang Khong (certify): I reside at 5307 3rd Ave Randolph, WI 54475 Randolph
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

#000181

Circulators,
Please include your contact

Phone

Email

(715) 6

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CHONG TOUA KHANG</u> Sign: <u>CHON T KHANG</u>	Street: <u>2251 RANGER ROAD</u> City: <u>WISCONSIN RAPIDS</u> Zip: <u>54494</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOOD</u> (Municipality Name)	<u>12/30/2011</u> (Month) (Day) (Year)	Email _____ Phone (715) _____
2. Print: <u>LA V. KHANG</u> Sign: <u>La V. Khang</u>	Street: <u>2251 RANGER ROAD</u> City: <u>WISCONSIN RAPIDS</u> Zip: <u>54494</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOOD</u> (Municipality Name)	<u>12/30/2011</u> (Month) (Day) (Year)	Email _____ Phone (715) _____
3. Print: <u>LAO LUE KHANG</u> Sign: <u>Lao Lue Khang</u>	Street: <u>2251 RANGER ROAD</u> City: <u>WISCONSIN RAPIDS</u> Zip: <u>54494</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOOD</u> (Municipality Name)	<u>12/30/2011</u> (Month) (Day) (Year)	Email _____ Phone (715) _____
4. Print: <u>HOUA XIONG</u> Sign: <u>Houa Xiong</u>	Street: <u>2117 Grandview BL</u> City: <u>La Crosse</u> Zip: <u>54601</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>La Crosse</u> (Municipality Name)	<u>12/30/2011</u> (Month) (Day) (Year)	Email _____ Phone (608) _____
5. Print: <u>NHIA VANG KHANG</u> Sign: <u>Nhia Vang Khang</u>	Street: <u>350 21TH AVE SOUTH</u> City: <u>Wis Rapids</u> Zip: <u>54495</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WOOD</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email _____ Phone (715) _____

Certification of Circulator

Yong Khang (Printed Name of Circulator) (certify): I reside at 5307 3rd Ave Redolph, WI 54475 (Circulator's Residence - Street Name and Number) Redolph (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000182

Circulators,
Please include your contact

Phone

(715) _____

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9,10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Mai Y. Xiong</u> Sign: <u>[Signature]</u>	Street: <u>3323 Howard Ave.</u> City: <u>Stevens Point, WI</u> Zip: <u>54481</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email Phone (715) 1
2. Print: <u>Chee Xiong Yang</u> Sign: <u>Chue X. Yang</u>	Street: <u>1801 Karen St.</u> City: <u>Stevens Point, WI</u> Zip: <u>54481</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Ying Chang</u> Sign: <u>Ying V Chang</u>	Street: <u>2216 Illinois Ave</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email Phone (715) 3
4. Print: <u>Nao Shue Xiong</u> Sign: <u>[Signature]</u>	Street: <u>3323 Howard Ave</u> City: <u>Stevens Point, WI</u> Zip: <u>54481</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email Phone (715) 1
5. Print: <u>Mee Lor</u> Sign: <u>Mee Lor</u>	Street: <u>717 Walker St</u> City: <u>Stevens Point, WI</u> Zip: <u>54481</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email Phone (715) 3

Certification of Circulator

1. YOUAHANG KHANG (certify): I reside at 5307 3rd Ave Rudolph
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Rudolph
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000183

Circulators,
Please include your contact

Phone

(715) 6

Email

Yeehan

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Pa cher chang Sign: <i>Pa cher chang</i>	Street: 2216 Ill Ave City: Stevens Point Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point (Municipality Name)	12/18/2011 (Month) (Day) (Year)	Email Phone (715) 3
2. Print: Ka Nor cha Sign: <i>KA NOR CHA</i>	Street: 733 Johns Dr. #6 City: Stevens Point WI Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point (Municipality Name)	12/18/2011 (Month) (Day) (Year)	Email Phone (715) 3
3. Print: Soua Vang cha Sign: <i>SOUA VANG CHA</i>	Street: 733 Johns Dr. #6 City: Stevens Point Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point (Municipality Name)	12/18/2011 (Month) (Day) (Year)	Email Phone (715) 3
4. Print: Feng Vang Sign: <i>Feng Vang</i>	Street: 717 walker st City: Stevens Point Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	12/18/2011 (Month) (Day) (Year)	Email Phone (715) 3
5. Print: Youabee Xiong Sign: <i>youabee xiong</i>	Street: 1300 W. Jackson St City: Stevens Point WI Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point (Municipality Name)	1/20 (Month) (Day) (Year)	Email Phone (715)

Certification of Circulator

1. YOUA HANG KHANG (certify: I reside at 5307 3rd Ave Rudolph Stevens Point)
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12 1 20 2011
(Month) (Day) (Year)
YOUA HANG KHANG
(Signature of Circulator)

Page No. (Official Use Only)
000184

Circulators,
Please include your contact

Phone
(715) 6
Email
Youa h

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Wa Fue Khang</u> Print: <u>WA FUE KHANG</u> Sign: _____	Street: <u>4943 Reddin Rd</u> City: <u>Rudolph WI</u> Zip: <u>54475</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rudolph</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(715) 2</u>
2. <u>Chong Xiong</u> Print: _____ Sign: _____	Street: <u>1008 Portage St</u> City: <u>Stevens Pt</u> Zip: <u>54481</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stevens Pt</u> (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>Chococ</u> ()
3. <u>Tony Xiong</u> Print: _____ Sign: _____	Street: <u>5447 Robin Ln.</u> City: <u>Stevens Pt</u> Zip: <u>54482</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stevens Pt</u> (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(715) 2</u>
4. <u>Yer Yang Vang</u> Print: _____ Sign: _____	Street: <u>9970 Harding Rd</u> City: <u>Plainfield, WI</u> Zip: <u>54966</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Plainfield</u> (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(715) 5</u>
5. <u>YOUA HANG KHANG</u> Print: _____ Sign: _____	Street: <u>5307 3rd Ave</u> City: <u>Rudolph, WI</u> Zip: <u>54475</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rudolph</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email: _____ Phone: <u>Yeathang</u> (715) 6

Certification of Circulator

I, YOUA HANG KHANG (certify): I reside at 5307 3rd Ave Rudolph (Circulator's Residence - Street Name and Number) Rudolph (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000194

Circulators,
Please include your contact

Phone

(715) 6

Email

Yeathang

SCOTT WALKER RECALL PETITION

I, the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
int: <u>Scott Herbst</u> gn: <u>Scott Herbst</u>	Street: <u>W8143 MAPLE RIDGE RD</u> City: <u>PARK FALLS</u> Zip: <u>54552</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LAKE</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 70</u>
int: <u>Jessica Herbst</u> gn: <u>Jessica Herbst</u>	Street: <u>W8143 Maple Ridge Rd</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 7</u>
int: <u>Annette Setterman</u> gn: <u>Annette Setterman</u>	Street: <u>1160 S. 3rd Ave. Apt. 1A</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 6</u>
int: <u>Diane Wright</u> gn: <u>Diane Wright</u>	Street: <u>172 Case Ave.</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 1</u>
int: <u>Carolyn Sack</u> gn: <u>Carolyn Sack</u>	Street: <u>1209 N. 2nd Avenue</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 1</u>

Jessica Herbst
(Printed Name of Circulator)

Certification of Circulator
(certify): I reside at W8143 Maple Ridge Rd
(Circulator's Residence - Street Name and Number)

Town of Lake
(Circulator Municipality)

Circulators,
Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this all petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01, 05, 12 2012
(Month) (Day) (Year)

Jessica A Herbst
(Signature of Circulator)

000185

(Official Use Only)

Phone
(715) 7
Email
herbst-fa

SCOTT WALKER RECALL PETITION

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
int: <u>Nancy Moller</u> sig: <u>Nancy Moller</u>	Street: <u>234 Cedar St.</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>
int: <u>Ann M Zoersch</u> sig: <u>Ann M Zoersch</u>	Street: <u>735 6th Ave S</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 5</u>
int: <u>JOHN R. MOLLMAN</u> sig: <u>John R. Mollman</u>	Street: <u>125 AUERY AV</u> City: <u>PARK FALLS</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PARK FALLS</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 6</u>
int: <u>James E Herbst</u> sig: <u>James E Herbst</u>	Street: <u>884 North 3rd Avenue</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>12/11/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>
int: <u>Amy Weinberger</u> sig: <u>Amy Weinberger</u>	Street: <u>321 2nd Ave N.</u> City: <u>Park Falls</u> Zip: <u>54552</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Park Falls</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>

Jessica Herbst (certify): I reside at WS143 Maple Ridge Rd
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Lake
(Circulator Municipality)

ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder ned in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this all petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01, 05, 12 2012 Jessica A Herbst
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000186

Circulators,
Please include your conta

Phone
(715) 7
Email
herbstfa

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: ANNA M FANNING Sign: <i>Anna M Fanning</i>	Street: 3454 PORTLAND DR City: JANESVILLE Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JANESVILLE (Municipality Name)	11/19/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: STEVEN SALIBY Sign: <i>SCCJ</i>	Street: 1121 HAWTHORNE AVE. City: JANESVILLE Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JANESVILLE (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Servyn Starn Sign: <i>for for</i>	Street: 1514 Roger Avenue City: Janesville Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Sydney Starn Sign: <i>Sydney Starn</i>	Street: 2045 Atwood Ave. #209 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: SALLY STARN Sign: <i>Sally Starn</i>	Street: 4011 GREENBRIAR DR City: JANESVILLE W Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JANESVILLE (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone ()

I, Peggy M. Eichman (certify): I reside at 828 Victoria Place
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Janesville, WI 53546
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 2011
(Month) (Day) (Year)
Peggy M. Eichman
(Signature of Circulator)

Page No. (Official Use Only)
000187A

Circulators,
Please include your contact information

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Victoria Woodman</u> Sign: <u>Victoria Woodman</u>	Street: <u>3402 Kingsbridge Dr.</u> City: <u>JANESVILLE</u> Zip: <u>53546</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>JANESVILLE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>Vwoodman</u> Phone: <u>(608) 75</u>
2. Print: <u>Peggy M. Eichman</u> Sign: <u>Peggy M. Eichman</u>	Street: <u>828 Victoria Place</u> City: <u>JANESVILLE, WI</u> Zip: <u>53546</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>JANESVILLE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>Peg. eichm</u> Phone: <u>(608) 29</u>
3. Print: <u>Alice Masterson</u> Sign: <u>Alice Masterson</u>	Street: <u>2623 Vail Ct.</u> City: <u>JANESVILLE</u> Zip: <u>53545</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>JANESVILLE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
4. Print: <u>Bob Saliby</u> Sign: <u>Bob Saliby</u>	Street: <u>1121 Hawthorne Ave.</u> City: <u>JANESVILLE</u> Zip: <u>53545</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>JANESVILLE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
5. Print: <u>KELSEY EICHMAN</u> Sign: <u>Kelsey Eichman</u>	Street: <u>219 W. Brown St. (P)</u> <u>828 Victoria Pl</u> <u>Milwaukee, WI 53212 (P)</u> City: <u>JANESVILLE, WI</u> Zip: <u>53546</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee (P)</u> <input checked="" type="checkbox"/> City <u>JANESVILLE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>

Certification of Circulator

I, Peggy M. Eichman, (certify): I reside at 828 Victoria Place
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

JANESVILLE, WI 53546
(Circulator Municipality)

Circulators.
Please include your contact info

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 2011
(Month) (Day) (Year)
Peggy M. Eichman
(Signature of Circulator)

Page No. (Official Use Only)

060157

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Troy Grzybowski</u> Print: <u>Troy Grzybowski</u> Sign: <u>[Signature]</u>	Street: <u>4331 W. Morgan Ave</u> City: <u>Greenfield</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 4</u>
2. <u>Jennifer Grzybowski</u> Print: <u>Jennifer Grzybowski</u> Sign: <u>[Signature]</u>	Street: <u>4331 W. Morgan Ave</u> City: <u>Greenfield</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 2</u>
3. <u>Michael Ann Wilkes</u> Print: <u>Michael Ann Wilkes</u> Sign: <u>[Signature]</u>	Street: <u>3419 S. 6th Street</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 3</u>
4. <u>DEBI DEJEWSKI</u> Print: <u>DEBI DEJEWSKI</u> Sign: <u>[Signature]</u>	Street: <u>5823 W. Rogers</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/12/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 3</u>
5. <u>Dallas Hanson</u> Print: <u>Dallas Hanson</u> Sign: <u>[Signature]</u>	Street: <u>4321 S. 7th St #1</u> City: <u>Greenfield</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>1/3/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 5</u>

Certification of Circulator

I, TOM GALASINSKI, (certify): I reside at 5801 W. CLEVELAND AVE MILWAUKEE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 / 2012 Thomas W. Galasinski
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000188

Circulators,

Please include your contact

Phone

(414) 6

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Patricia Wilson</u> Sign: <u>Patricia Wilson</u>	Street: <u>7740 N Highview Drive</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (414) 8
2. Print: <u>Gloria J Williams</u> Sign: <u>Gloria J Williams</u>	Street: <u>8311C N 107th St</u> City: <u>Milwaukee</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Tiffany Barta</u> Sign: <u>Tiffany Barta</u>	Street: <u>2971 S. 38th St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Rosemary Binder</u> Sign: <u>Rosemary Binder</u>	Street: <u>8126 W. Brentwood Ave</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Mark Wiley II</u> Sign: <u>Mark Wiley II</u>	Street: <u>7740 N Highview Dr</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Patricia Wilson, (certify): I reside at 7740 N Highview Dr. Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators,
Please include your contact

Phone
(414) 89
Email

11 / 16 / 2012
(Month) (Day) (Year)

Patricia Wilson
(Signature of Circulator)

Page No. (Official Use Only)

000189

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Ann Neumaier</u> Sign: <u>Ann Neumaier</u>	Street: <u>247 Franklin Street</u> City: <u>Sauk City</u> Zip: <u>53583</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sauk City</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Marie F. Lund</u> Sign: <u>Marie F. Lund</u>	Street: <u>574 W16159 VINE ST.</u> City: <u>MUSKEGO WI</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Barb Lund</u> Sign: <u>Barbara J Lund</u>	Street: <u>1637 Delaware Blvd</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Lance Hansen</u> Sign: <u>Lance P. Sigum Hansen</u>	Street: <u>606 Galena Circle</u> City: <u>Prairie Du Sac</u> Zip: <u>53578</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Prairie Du Sac</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>Cecilia Hegarty</u> Sign: <u>Cecilia Hegarty</u>	Street: <u>303 Pine St.</u> City: <u>Sauk City</u> Zip: <u>53583</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sauk City</u> (Municipality Name)	<u>12/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Ann Neumaier (certify): I reside at 247 Franklin Street Sauk City
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 04 / 2012 Ann Neumaier
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#000190

Circulators.
Please include your contact info

Phone
(608) 601-
Email
neumy

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>TYLER JOHNSON</u> Sign: <u>[Signature]</u>	Street: <u>9079 E LEADER CREEK RD</u> City: <u>MONROE</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASCOTT</u> (Municipality Name)	<u>01/03/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Alex Maas</u> Sign: <u>Alex Maas</u>	Street: <u>N14454 Island View Rd.</u> City: <u>Minong</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>1/19/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Dana Hyllegren-Stobb</u> Sign: <u>Dana Hyllegren-Stobb</u>	Street: <u>10912N W. Haver Rd.</u> City: <u>Hayward</u> Zip: <u>54843</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hayward</u> (Municipality Name)	<u>1/19/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Terry Shold</u> Sign: <u>Terry Shold</u>	Street: <u>1929 E 6th ST</u> City: <u>Superior</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Superior</u> (Municipality Name)	<u>1/19/2012</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Kristin Kasinskas</u> Sign: <u>Kustasikas</u>	Street: <u>N12773 Brooklyn Rd</u> City: <u>Minong, WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>1/19/2012</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Geraldine K Scheller (certify): I reside at 9079 E Leader Creek Rd
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wascott
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

01/09/2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000191

Circulators,
Please include your contact info

Phone
(715) 46
Email
ggscheller

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu
Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Geraldine K Scheller</u> Sign: <u>Geraldine K Scheller</u>	Street: <u>9079 E Leader LK Rd</u> City: <u>Minong</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wascott</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>pgadsch</u> Phone <u>(715) 46</u>
2. Print: <u>PATRICK E. SCHELLER</u> Sign: <u>Patrick E Scheller</u>	Street: <u>9079 E. LEADER LK RD</u> City: <u>MINONG</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASCOTT</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>pgadsch</u> Phone <u>(715) 4</u>
3. Print: <u>Erica Goethl</u> Sign: <u>Erica Goethl</u>	Street: <u>8114 E Cty Rd Y</u> City: <u>Gordon</u> Zip: <u>54838</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Gordon</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: <u>Deanna Scheller</u> Sign: <u>Deanna Scheller</u>	Street: <u>9079 E. Leader LK Rd</u> City: <u>Minong</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wascott</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: <u>Ashley Scheller</u> Sign: <u>Ashley K Scheller</u>	Street: <u>9079 E. Leader LK Rd</u> City: <u>Minong</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wascott</u> (Municipality Name)	<u>11/27/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Geraldine K Scheller, (certify): I reside at 9079 E. Leader LK Rd
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wascott
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01, 09 120 12
(Month) (Day) (Year)

Geraldine K Scheller
(Signature of Circulator)

Page No. (Official Use Only)

0001924

Circulators,
Please include your contact in
Phone

(715) 46

Email

pgadsch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.					
1. <u>Douglas F. Denning</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>W4540 McGregor Rd</u> City: <u>Minong WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Frog Creek</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email: <u>(715) 4</u> Phone: <u>715 29</u>		
2. <u>Angela Johnson</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>N12980 Gilmire Dr</u> City: <u>Minong, WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>		
3. <u>CLENORA HANSEN</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>116377 South BOND LAKE ESTATES</u> City: <u>MINONG, WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASCOTT</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>		
4. <u>Mary A. Denning</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>W4540 McGregor Rd</u> City: <u>Minong</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Frog Creek</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email: <u>(715) 4</u> Phone: <u>()</u>		
5. <u>Elton Scott</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>Minong P.O. Box 82</u> City: <u>Minong</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>		

Certification of Circulator

I, GEORGE WISE, (certify): I reside at N13945 FLOWAGE RD.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

DEC 1 5 2011
(Month) (Day) (Year) [Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000192B

Circulators.
Please include your contact information.
Phone: ()
Email: ()

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 537

NAME & SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.		NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)		DATE OF SIGNING		CONTACT	
1. JOHN R. SINGLETARY Print: <u>John R. Singletary</u> Sign: <u>John R. Singletary</u>		16614 S SOUTH FLOWAGE RD P.O. Box 53 Street: <u>WASCOTT</u> Zip: <u>54890</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASCOTT</u> (Municipality Name)		11/28/2011 (Month) (Day) (Year)		Email Phone ()	
2. ROSEMARY SINGLETARY Print: <u>ROSEMARY</u> Sign: <u>Rosemary Singletary</u>		16614 S SOUTH FLOWAGE RD P.O. Box 53 Street: <u>WASCOTT</u> Zip: <u>54890</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASCOTT</u> (Municipality Name)		11/28/2011 (Month) (Day) (Year)		Email Phone ()	
3. DELORES HAHN Print: <u>Delores Hahn</u> Sign: <u>Delores Hahn</u>		W5080 Hwy 77 Minong WI 54859 Street: <u>MINONG</u> Zip: <u>54859</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FROG CREEK</u> (Municipality Name)		11/28/2011 (Month) (Day) (Year)		Email Phone ()	
4. MAIJALISA RUDY Print: <u>MAIJALISA Rudy</u> Sign: <u>Maijalisa Rudy</u>		W2502 Kings Court Minong, WI 54859 Street: <u>MINONG</u> Zip: <u>54859</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)		11/28/2011 (Month) (Day) (Year)		Email Phone ()	
5. FLOYD RUDY Print: <u>FLOYD Rudy</u> Sign: <u>Floyd Rudy</u>		W2502 Kings Court Minong, WI 54859 Street: <u>MINONG</u> Zip: <u>54859</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)		11/28/2011 (Month) (Day) (Year)		Email Phone ()	

I, GEORGE WISE, (certify): I reside at 11394S FLOWAGE RD.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MINONG
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

NOV. 1 28 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.
Please include your contact

Phone

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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.			
1. <u>GEORGE T. WISE</u> Print: <u>George T. Wise</u> Sign: <u>[Signature]</u>	Street: <u>N13945 FLOWAGE RD.</u> City: <u>MINONG, WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u>Flambeau5</u> Phone: <u>()</u>
2. <u>MARY JO WISE</u> Print: <u>Mary Jo Wise</u> Sign: <u>[Signature]</u>	Street: <u>N13945 FLOWAGE Rd.</u> City: <u>MINONG, WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u>flambeau</u> Phone: <u>()</u>
3. <u>JOHN NEWTON</u> Print: <u>John Newton</u> Sign: <u>[Signature]</u>	Street: <u>100 MAIN ST.</u> City: <u>MINONG, WI</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>VILLAGE MINONG</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u>JL NEW</u> Phone: <u>(715) 5</u>
4. <u>Shirley Lawler</u> Print: <u>Shirley Lawler</u> Sign: <u>[Signature]</u>	Street: <u>6431 E Person Loop</u> City: <u>Gordon</u> Zip: <u>WI 54838</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wascott</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u>(715) 4</u>
5. <u>Robert G. Lawler</u> Print: <u>Robert G. Lawler</u> Sign: <u>[Signature]</u>	Street: <u>6431 E Person Loop</u> City: <u>Gordon</u> Zip: <u>WI 54838</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wascott</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u>(715) 4</u>

I, GEORGE WISE, (certify): I reside at N13945 FLOWAGE RD.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MINONG
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov. 1 28 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.
Please include your contact information.

Phone

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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53706

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Eric GORUD</u> Sign: <u>[Signature]</u>	Street: <u>4134 Clay Street</u> City: <u>Eau Claire, WI</u> Zip: <u>54701</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eau Claire</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>James GORUD</u> Sign: <u>James GORUD</u>	Street: <u>N12404 LAKE SIDE</u> City: <u>MINONG, WI</u> Zip: <u>WI 54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone (715) 466
3. Print: <u>JAMES GORUD</u> Sign: <u>[Signature]</u>	Street: <u>4134 CLAY ST</u> City: <u>Eau Claire, WI</u> Zip: <u>54701</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eau Claire</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone (858) 20
4. Print: <u>V. JACK GOLTRY</u> Sign: <u>V. Jack Goltry</u>	Street: <u>203 2ND. ST</u> City: <u>MINONG WIS.</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Carmen Gorud</u> Sign: <u>Carmen Gorud</u>	Street: <u>N12404 Lake side</u> City: <u>Minong, WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone (715) 466

Certification of Circulator

I, Carmen Gorud, (certify): I reside at N12404 Lake side Minong, WI 54859
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 19 / 2011
(Month) (Day) (Year)

Carmen Gorud
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
Please include your contact info

Phone

(715) 466

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 537

NAME & SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Kathryn S. Frantz</u> Sign: <u>Kathryn S. Frantz</u>	Street: <u>110 N. Linnet Rd</u> <u>PO Box 389</u> City: <u>Minong, WI</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email () Phone ()	
2. Print: <u>Jean Barth</u> Sign: <u>Jean Barth</u>	Street: <u>W5851 Shell Creek Rd</u> City: <u>Minong WI</u> Zip: <u>54859</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email () Phone ()	
3. Print: <u>Jennifer Latvala</u> Sign: <u>Jennifer Latvala</u>	Street: <u>8483 E Tom Green Rd</u> City: <u>Solon Springs</u> Zip: <u>54813</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Solon Springs</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email () Phone ()	
4. Print: <u>Jane Little</u> Sign: <u>Jane M. Little</u>	Street: <u>204 W 3rd Ave</u> City: <u>Minong</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Minong</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email () Phone ()	
5. Print: <u>GERALD SMITH</u> Sign: <u>Gerald Smith</u>	Street: <u>137 EVERGREEN EST</u> City: <u>ELLSWORTH</u> Zip: <u>54011</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ELLSWORTH</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone ()	

I, GEORGE WISE (certify): I reside at N13945 FLOWAGE RD.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

DEC 1 3 2011 (Month) (Day) (Year)
(Signature of Circulator)

MINONG
(Circulator Municipality)

Page No. (Official Use Only)
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Circulators.
Please include your contact information.
Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. NORMAN FROSTH	<i>Norman Frosth</i>	Street: N41456 Co. Rd. E City: Whitehall Zip: 54773	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HALE	11/17/2011 (Month) (Day) (Year)
2. HENSEL FROSTAD	<i>Hensel Frostad</i>	Street: H24 E Br ST City: Eau Claire Zip: 54722	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Augusta	11/15/2011 (Month) (Day) (Year)
3. Gary Hillestad	<i>Gary Hillestad</i>	Street: W24503 County Rd I City: Eleva Zip: 54738	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Albion	11/16/2011 (Month) (Day) (Year)
4. Lynsi Gilbertson	<i>Lynsi Gilbertson</i>	Street: 5049 S. Main St. PO BOX 26 City: Eleva Zip: 54738	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Eleva	11/16/2011 (Month) (Day) (Year)
5. Diane Hillestad	<i>Diane Hillestad</i>	Street: W24503 Cty Rd I City: Eleva Zip: 54738	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Albion	11/16/2011 (Month) (Day) (Year)
6. RUTH TRAPASETH	<i>Ruth Trapaseth</i>	Street: W23753 Milan Rd City: Eleva Zip: 54738	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Albion	11/16/2011 (Month) (Day) (Year)
7. JOHN SCHAEFER	<i>John Schaefer</i>	Street: W17261 SCHROEDER City: WHITEHALL Zip: 54773	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/17/2011 (Month) (Day) (Year)
8. Judy Schaefer	<i>Judy Schaefer</i>	Street: W17261 Schroeder City: Whitehall Zip: 54773	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/17/2011 (Month) (Day) (Year)
9. Ardell Schroeder	<i>Ardell Schroeder</i>	Street: W16264 Schroeder Rd City: Whitehall Zip: 54773	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/17/2011 (Month) (Day) (Year)
10. Jean Schroeder	<i>Jean Schroeder</i>	Street: W16264 Schroeder Rd City: Whitehall Zip: 54773	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	11/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, NORMAN FROSTH, (certify): I reside at N41456 Co. Rd. E WHITEHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Norman Frosth
(Signature of Circulator)

Page No. (Official Use Only)

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Return

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PO Box
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CONTACT

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Circulators, please

Phone

(715) 6

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DONALD W HANSON	<i>Donald W. Hanson</i>	Street: 2026 CONWAY DR City: JANESVILLE WI. Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JANESVILLE	11/21/2011 (Month) (Day) (Year)
2. JEROLD G ENGEN	<i>Jerold G. Engen</i>	Street: 130 MILL ST City: HIXTON WI Zip: 54635	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/21/2011 (Month) (Day) (Year)
3. Sharon J Engen	<i>Sharon J Engen</i>	Street: 130 MILL ST City: HIXTON WI Zip: 54635	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/21/2011 (Month) (Day) (Year)
4. Donald Gilbertson	<i>Donald Gilbertson</i>	Street: W90166 CO RD H City: STRUM WI. Zip: 54770	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNITY	11/29/2011 (Month) (Day) (Year)
5. ALBING STERRY	<i>Albin Sterry</i>	Street: STRUM WIS. Zip: 54770 City: STRUM WI. Zip: 54770	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UNITY	11/29/2011 (Month) (Day) (Year)
6. Clarence Goss	<i>Clarence Goss</i>	Street: W15808 County Rd EE City: Osseo Wis. Zip: 54758	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	12/3/2011 (Month) (Day) (Year)
7. Elaine Goss	<i>Elaine M. Goss</i>	Street: W15808 County Rd EE City: Osseo, Wis. Zip: 54758	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	12/3/2011 (Month) (Day) (Year)
8. Eileen Dahl	<i>Eileen Dahl</i>	Street: Windsor Dr. Box 463 City: Pigeon Falls Zip: 54760	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PIGEON FALLS	12/6/2011 (Month) (Day) (Year)
9. GENE McCLUNE	<i>Gene McClune</i>	Street: Windsor Rd. 54760 City: Pigeon Falls Zip: 54760	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pigeon Falls	12/6/2011 (Month) (Day) (Year)
10. Arlene Stuve	<i>Arlene Stuve</i>	Street: W17474 Base Rd City: WHITEHALL WI. Zip: 54773	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hale	12/12/2011 (Month) (Day) (Year)

Certification of Circulator

I, NORMAN FROSTETH (Name of Circulator), (certify): I reside at N41456 CO. RD E WHITEHALL (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/15/2011
(Month) (Day) (Year)

Norman Frosteth
(Signature of Circulator)

Page No. 000198
(Official Use Only)

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Madison

CONTACT

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Circulators, please

Phone
Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Comm
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Madison

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1. Peter Reinert	<i>Peter Reinert</i>	Street: 1534 Harry St City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazel Green	11/17/2011 (Month) (Day) (Year)	Email Phone ()
2. Randy Horch	<i>Randy Horch</i>	Street: 3684 Spruce City: Kieler WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
3. Ron Heinrich	<i>Ron Heinrich</i>	Street: 155 Orchard City: Dickeyville WI Zip: 53808	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dickeyville	11/17/2011 (Month) (Day) (Year)	Email Phone ()
4. Jeffrey J. Moor	<i>Jeffrey J. Moor</i>	Street: 352 Hwy 35 City: Hazel Green WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
5. Paul L. Schroeder	<i>Paul L. Schroeder</i>	Street: 3923 HHH Rd City: Kieler WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
6. Robert T Skemp	<i>Robert T Skemp</i>	Street: 1671 Plum Hollow Rd City: Hazel Green, WI Zip: 53811	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
7. Bernice Pickel	<i>Bernice D. Pickel</i>	Street: 3563 Cedar Ct. City: Kieler, WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
8. JoAnne Brother	<i>JoAnne Bratter</i>	Street: 3739 Delaval St City: Kieler WI Zip: 53812	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
9. Donald Robertson	<i>Donald Robertson</i>	Street: 3644 Hwy HHH City: Kieler WI Zip: 53812	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jamestown	11/17/2011 (Month) (Day) (Year)	Email Phone ()
10. Joseph J Bass	<i>Joseph J Bass</i>	Street: 4280 City Rd D City: Platteville, WI Zip: 53818	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Smelser Township	11/17/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joseph J Bass, (certify): I reside at 4280 City Rd. D Platteville,
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011
(Month) (Day) (Year)

Joseph J Bass

(Signature of Circulator)

Page 1 of 1 (Official Use Only)

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Circulators, please

Phone

(608)

Email

JJ

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. DANIEL L. HARRY	<i>Daniel L. Harry</i>	Street: 3826 O'HARRY LN. City: PLATTEVILLE Zip: 53818	<input checked="" type="checkbox"/> Town Smelser <input type="checkbox"/> Village <input type="checkbox"/> City Twp	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 3
2. Adele Hendricks	<i>Adele Hendricks</i>	Street: 1510 S. Main City: Hazel Green, WI Zip: 53811	<input checked="" type="checkbox"/> Town Hazel Green <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Alice Schmitt	<i>Alice Schmitt</i>	Street: 2208 Eln City: Kiel, WI Zip: 53812	<input checked="" type="checkbox"/> Town Kiel <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Stacy Doyle	<i>Stacy Doyle</i>	Street: 12910 Sinsinawa Rd. City: Hazel Green Zip: 53811	<input checked="" type="checkbox"/> Town Hazel Green <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 85
5. David Iserman	<i>D. Iserman</i>	Street: 1830 26th St. City: Hazel Green, WI Zip: 53811	<input checked="" type="checkbox"/> Town Hazel Green <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 8
6. Carolyn Hoyt	<i>Carolyn Hoyt</i>	Street: 1720 18th St, Box 34 City: Hazel Green, WI Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Hazel Green <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. Tanya L. Muller	<i>Tanya L. Muller</i>	Street: 240 North Ave City: Dickeyville Zip: 53808	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Dickeyville <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 50
8. Meredith A. Vogt	<i>Meredith A. Vogt</i>	Street: 1635 Plum Hollow City: Hazel Green Zip: 53811	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Hazel Green <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 7
9. Nicole Turkington	<i>Nicole Turkington</i>	Street: 315 Washington St. City: Mineral Point Zip: 53805	<input checked="" type="checkbox"/> Town Mineral Point <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. Linda Bousley	<i>Linda Bousley</i>	Street: 918 S. Randolph St City: Cuba City Zip: 53807	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joseph Bass, (certify): I reside at 4280 County Rd D Smelser
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Return

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Circulators, please

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